

|                             |                         |              |                        |                                     |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/187,369 | FILING DATE<br>11/06/98 | CLASS<br>210 | GROUP ART UNIT<br>1723 | ATTORNEY DOCKET NO.<br>AST-4B-PCTUS |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|

APPLICANT

DANIEL ARMSTRONG, ROLLA, MO.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A DIV OF 08/851,485 05/05/97 PAT 5,874,005  
 WHICH IS A DIV OF 08/532,581 09/29/95 PAT 5,626,757  
YES EGT WHICH IS A CIP OF 08/198,409 02/22/94 ABN

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED WHICH IS A 371 OF PCT/US95/02071 02/17/95

YES EGT

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

NONTE EGT

FOREIGN FILING LICENSE GRANTED 01/05/99

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

|   |  |                        |                     |                    |                         |
|---|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>MO | SHEETS DRAWING<br>4 | TOTAL CLAIMS<br>23 | INDEPENDENT CLAIMS<br>3 |
|---|--|------------------------|---------------------|--------------------|-------------------------|

ADDRESS

DONALD C LUCAS  
 BIERMAN MUSERLIAN AND LUCAS  
 600 THIRD AVENUE  
 NEW YORK NY 10016

TITLE

MACROCYCLIC ANTIBIOTICS AS SEPARATION AGENTS

|                              |   |   |
|------------------------------|---|---|
| FILING FEE RECEIVED<br>\$428 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------|---|---|